

St. Joseph County Department of Health Pool/Spa Application

ermit Number:		App	Application Date:	
ame of Establishment: _				
hysical Address of Estab	lishment:			
Mailing Address of Estab	lishment:			
City:		State	Zip	
usiness Telephone:		Business Fax:		
mail Address:	Pool Operational Hours:			
stablishment Owner(s):				
Certified Pool/Spa Operat	or® (CPO®):			
/anager/Pool Operator: _				
aboratory Used for Pool	/Spa Water Testing:			
Class of Po	ol:	Volume (Gallor	ns):	
ū	0.0	-	oh County Board of Health ph County Ordinance No. 149-22	
Type of Pool Please check Only One nual Pool: \$155.00 Annual Wading Pool: \$85.00		Annual Spa: \$90.00		
			Seasonal Spa: \$65.00	
	****Gov	vernment and Schools**	***	
wimming Pool: \$85.00 Wading Pool: \$60.0		ol: \$60.00	Spa: \$65.00	
April 30 th . Accepted pa	yments; Business Chec	eks, Money Order, Cashi	5% late fee for permits obtained after er's Checks, Visa/MasterCard. Fees card payments over the telephone.	
Signature			Date	
	Employee Initial	FOR OFFICE USE ONLY	Y! Permit Fee:	
	Transaction No.		Late Fee:	

Total:

Date: